

PART XX

DISASTER FOOD STAMP PROGRAM

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGE(S)</u>
A.	Introduction	1
B.	Pre-Conditions for Authorization of the Disaster Food Stamp Program	1-2
C.	Alternatives to the Disaster Food Stamp Program	2-4
D.	Assessment and Evaluation of a Disaster	4-5
E.	Application to FNS for Authorization of the Disaster Food Stamp Program	5
F.	FNS Authorization to Implement the Disaster Food Stamp Program	6
G.	Application to FNS for Extension of the Disaster Food Stamp Program	6
H.	Informing the Public	7
I.	Major Differences between the Regular Food Stamp Program and the Disaster Food Stamp Program	7-8
J.	Household Application Procedures for Disaster Food Stamp Program	8-11
K.	Eligibility Requirements for Disaster Food Stamp Program Assistance	11-16
L.	Disaster Food Stamp Program Benefit Period	17
M.	Vault Card Issuance Procedures	17-18
N.	Fair Hearing and Conferences	18
O.	Transition to the Regular Food Stamp Program	18
P.	Disaster Reports	19
Q.	Recipient Claims	19
R.	Intentional Program Violation Disqualification	19

PART XX

DISASTER FOOD STAMP PROGRAM (CONTINUED)

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGE(S)</u>
APPENDIX I	Forms Section	1-17
APPENDIX II	Disaster Food Stamp Program Administrator's Planning Guide	1-5
APPENDIX III	Template for Application to Operate a Disaster Program	1-2
APPENDIX IV	Electronic Benefit Transfer Disaster Issuance Process	1-12
APPENDIX V	Sample Informational Documents	1-3

A. INTRODUCTION

In the event of an emergency or major disaster, such as a hurricane, tornado, storm, flood, snowstorm, drought, fire, explosion or other disaster, the regular Food Stamp Program may be unable to handle the increased number of households needing food assistance. Under certain conditions, localities and states can request the Food and Nutrition Service (FNS) to authorize implementation of the Disaster Food Stamp Program (DFSP).

ISSUANCE AND CERTIFICATION FUNCTIONS MUST BE SEPARATED, SUCH THAT THE SAME PERSON DOES NOT DETERMINE ELIGIBILITY, SET UP ACCOUNTS, AND ISSUE BENEFITS. Staff performing these functions must be trained.

This part of the manual explains how a local agency seeks authorization to implement the DFSP, the eligibility rules around certification, and EBT card issuance procedures.

The forms for operating a disaster program are in [Appendix I](#) of this chapter. An administrative guide for operating a disaster program is in [Appendix II](#) of this chapter.

B. PRE-CONDITIONS FOR AUTHORIZATION OF THE DISASTER FOOD STAMP PROGRAM

1. The following pre-conditions must be met before the DFSP can be authorized:
 - a. Commercial channels of food distribution (wholesale and retail food outlets) must have been both DISRUPTED and subsequently RESTORED such that they are now currently available.
 - b. The regular Food Stamp Program must be unable to handle the increased number of households needing food stamp assistance expeditiously.
2. Commercial channels of food distribution must be DISRUPTED under any of the following conditions, provided the condition was directly caused by the disaster:
 - a. Retail food outlets are closed.
 - b. Normal operating hours of food outlets are reduced to the extent that a household's opportunity to purchase food supplies is significantly reduced.
 - c. Power failure significantly restricts the operation of food outlets.

- d. Household access to retail food outlets is limited because of disruption to transportation (such as damage to roads or bridges or disruption in otherwise availability of public transportation).
 - e. Unusually heavy demand for food exists such that a household's opportunity to purchase food supplies is significantly reduced.
 - f. Delivery of food supplies to food outlets is significantly hampered to the extent that a household's opportunity to purchase food supplies is significantly reduced.
3. Commercial channels of food distribution will be considered RESTORED when conditions or operations have been improved to the extent that households have reasonable access to food outlets with sufficient food supplies.

C. ALTERNATIVES TO THE DISASTER FOOD STAMP PROGRAM

Implementation of the DFSP is not appropriate for every disaster. The choice of whether to utilize the regular Food Stamp Program or to request FNS authorization of the DFSP depends on the nature of the disaster.

1. The following factors suggest continued utilization of the regular Food Stamp Program:
- a. The affected population is fairly small.
 - b. The affected population is mostly the same population that is already eligible for or would be eligible for food stamps under the regular Food Stamp Program.
 - c. The disaster appears to be fairly short term.
 - d. The increase in the demand for food stamps is expected to be manageable.
 - e. The regular Food Stamp Program would be able to adequately respond to the needs of the affected population.
2. The following factors suggest implementation of the Disaster Food Stamp Program:
- a. The affected population is large.

- b. The affected population includes a large population that would not be eligible for food stamps under the regular Food Stamp Program.
 - c. The disaster is severe and widespread.
 - d. The increase in the demand for food stamps is expected to be dramatic.
 - e. The damage is so severe and widespread that application procedures under the regular Food Stamp Program would be too cumbersome.
 - f. The disaster is such that many households would not have the verifications required by the regular Food Stamp Program.
 - g. The affected population needs benefits more quickly than would be provided under the regular Food Stamp Program.
 - h. The regular Food Stamp Program would not be able to adequately respond to the immediate needs of the affected population.
3. Implementation of a Modified Food Stamp Program.

An alternative to either the DFSP or the regular program is operation of a Modified Food Stamp Program. Under this alternative, the locality or state operates the regular program with some changes to accommodate the disaster. For example, a one-time calculation for disaster-caused expenses may be allowed as an expense in the calculation for benefits, where under the regular program, many disaster-caused expenses are not routinely allowed in the calculation. Another change could be that benefits are not prorated from the date of application.

The Modified Food Stamp Program may be used in situations where the damage is severe, but limited to a particular neighborhood or area, such as a flood affecting one town in a county.

The modifications to the regular program would depend on the nature of the disaster and eligibility changes must be negotiated with and approved by FNS.

Virginia's Modified Food Stamp Program includes these features to date:

- Households must have had a loss of income or damage to their home property or self-employment property to qualify for the Modified Food Stamp Program;

- All applications will be expedited;
- There is a special one-time deduction for disaster caused expenses paid or expected to be paid from the date of the disaster through the next 30 days;
- Regular income and resource limits will apply. If the household is eligible for the second month's benefits without the special disaster deduction, the household can be certified up to six months.
- Disaster applications will not be prorated, but the allotment may vary based on the net income of the household;
- The allotment for the month of disaster benefits is not subject to Quality Control Review.

D. ASSESSMENT AND EVALUATION OF A DISASTER

Once the disaster has struck, the local department of social services director in each locality affected must contact the Home Office of the Virginia Department of Social Services to provide information regarding the extent of the damage caused by the disaster. The purpose of this contact is to discuss and determine information specific to this disaster that may need to be gathered and submitted with the request to run a disaster program, e.g., data from the electric company about the extent of power outages. The local agency and Home Office will also discuss whether the DFSP or a Modified Food Stamp Program is the appropriate response.

The local social services agency must request approval to run either the DFSP or the Modified Food Stamp Program. The request must be in writing and submitted to Home Office of the Virginia Department of Social Services. A sample template for the request is in Appendix III of this chapter. The request must include the following information:

1. The type of disaster and the date the disaster began.
2. A description of the affected geographical area(s) within the locality. If only part of the locality was affected, use street names and zip codes to define geographical areas within the locality in need of assistance. Provide maps if available.
3. Status of food distribution, i.e., a statement whether commercial channels of food distribution have been both disrupted and restored.
4. Needs Assessment Part A, which is a statement of why the food assistance needs of these households cannot be met by the regular Food Stamp Program.

5. Needs Assessment Part B, i.e., an estimate of the number of households expected to apply, and whether the DFSP or a Modified Food Stamp Program is needed to meet the needs.
 6. An estimate of how long it will take to accept and process DFSP or Modified Food Stamp Program applications from the affected population. This disaster application processing period cannot exceed seven days. Include the date application processing is anticipated to begin.
 7. Indicate the disaster period requested, i.e., whether a full or half-month's worth of benefits. This recommendation will be based on the nature, severity, and anticipated duration of the disaster.
 8. Information on any disaster relief agencies which the local agency wants to use in administering the DFSP. Specify the functions to be delegated to the disaster relief agency in connection with the certification and issuance of food stamp benefits and the geographical areas in which these functions will be performed.
NOTE: The use of a disaster relief agency requires FNS approval. The use of volunteers does not require FNS approval.
 9. Public information plans for informing the public about the availability of the DFSP or the Modified Food Stamp Program. Identify the media outlets or government web sites the local agency will use.
 10. Describe procedures for accepting and processing applications, including crowd management procedures at application and issuance sites and fraud prevention measures.
 11. Describe procedures for issuing benefits.
 12. Indicate the number of eligibility workers available to process applications.
 13. Provide any additional information that may be helpful in processing the request, such as conditions in the locality (e.g., duration of power outages, shut down of major employers.)
- E. APPLICATION TO FNS FOR AUTHORIZATION OF THE DISASTER FOOD STAMP PROGRAM

Upon completion of the application to operate a DFSP or a Modified Food Stamp Program, local officials must submit the application to the Food Stamp Unit at the Virginia Department of Social Services. Virginia Department of Social Services staff will submit the application to FNS on the locality's behalf.

F. FNS AUTHORIZATION TO IMPLEMENT THE DISASTER FOOD STAMP PROGRAM

1. APPROVAL OR DENIAL. FNS approval or denial will be made to Home Office. The letter of approval will generally contain procedures the locality will follow that are specific to the disaster. The approval or denial may be as immediate as the next day.

If the application is denied, Home Office may request a review of the denial should additional information subsequently become available to substantiate the request for authorization.

2. GEOGRAPHICAL AREA. FNS will specify the locality or parts of localities where the DFSP or Modified Food Stamp Program is authorized.
3. DISASTER APPLICATION PERIOD. FNS will authorize a period of up to seven days for receiving, processing, and approving applications. Depending on the volume, processing applications may continue to occur after the expiration of the application period.

No DFSP or Modified Food Stamp Program application may be taken after the expiration of the disaster application period.

4. DISASTER BENEFIT PERIOD. For the DFSP, FNS will specify either a half-month or a full month disaster benefit period, depending on the nature, severity, and anticipated duration of the disaster. If a Modified Food Stamp Program is used, a three- to six- month certification period will be assigned, depending on the modifications requested by the state and locality and approved by FNS.
5. USE OF DISASTER RELIEF AGENCY. FNS will authorize the use of any disaster relief agency in administering the Disaster Food Stamp Program as well as specifically authorize which functions the agency may perform in connection with the certification and distribution of food stamps.

G. APPLICATION TO FNS FOR EXTENSION OF THE DISASTER FOOD STAMP PROGRAM

An extension of the GEOGRAPHIC AREA covered by the DFSP may be requested if the effects of the disaster are more widespread than originally determined.

An extension of the DISASTER APPLICATION PERIOD may be requested if a significant number of DFSP applications cannot be taken during the original application processing period.

H. INFORMING THE PUBLIC

Local agencies serving the affected areas must ensure the public is advised that disaster food stamp assistance is available; how to apply for benefits; where and when to apply; eligibility and verification requirements; the proper use of food stamp benefits and EBT cards; retailer availability; penalties for fraud; and a post-disaster review of food stamp applications.

Use should be made of television and radio stations, newspapers, local service agencies, other disaster relief agencies, bulletin boards in and around the affected area, government websites, and by any other means necessary to ensure the public is adequately advised.

Special efforts must be made to contact those segments of the community that may not be reached by mainstream media, such as persons living in rural areas, the elderly and disabled, the deaf and hearing impaired, and the non-English speaking. Suggested wording for a flyer and news release are in [Appendix V](#) of this chapter. A poster that must be at all application sites is also in [Appendix V](#).

I. MAJOR DIFFERENCES BETWEEN THE REGULAR FOOD STAMP PROGRAM AND THE DISASTER FOOD STAMP PROGRAM

There are major differences between the regular Food Stamp Program and the DFSP.

1. ELIGIBILITY CRITERIA. Eligibility criteria are less strict in order to provide food assistance to households that might not otherwise qualify for the regular Food Stamp Program.
2. VERIFICATION. Depending on the nature of the disaster, verification rules are relaxed in order to streamline the application and eligibility determination process. For example, if homes are destroyed in a tornado, verification might not be available.

At a minimum, the identity of the applicant must be verified. Residence verification is also requested but not required; i.e., the application can be processed without verification of residence.

Households may be required to verify income, resources, and expenses, depending on the nature of the disaster.

If a household must provide additional verification after the interview, the worker must advise the household that the information must be provided by the end of the period the agency is authorized to take disaster applications.

3. AMOUNT OF BENEFITS. An eligible household will be provided the maximum allotment for the household size. The allotment will not vary depending on income, as it does in the regular program.
4. DELIVERY OF BENEFITS. In the DFSP, benefits are provided within three working days of the date of application, or, if verification is still needed, within three working days of the household providing verification.
5. NON-FINANCIAL FACTORS. Some non-financial factors are not asked about or evaluated in the DFSP. These factors include:
 - Citizenship and alien status
 - Student eligibility (but students living in institutions are not eligible)
 - Striker
 - Work registration
 - Disqualification under the regular Food Stamp Program
 - Work Requirement and time-limited benefits

J. HOUSEHOLD APPLICATION PROCEDURES FOR DISASTER FOOD STAMP PROGRAM

To apply for food stamps under the DFSP, the household or its authorized representative must complete and submit an Application for Disaster Food Stamp Benefits. See [Appendix I](#) of this chapter for a copy of the application. The household or its authorized representative must be interviewed. At a minimum, the identity of the applicant must be verified.

If an authorized representative is applying on behalf of a household, written permission from the head of the household must be provided.

1. FILING AN APPLICATION. If the web-based DFSP application is used, the household must sign a Request for Disaster Food Stamp Assistance in order to inform the household that the Social Security Numbers and names of household members will be matched against various files. See [Appendix I](#) of this chapter for a copy of the request form.

If a paper application is used, the household must submit a completed and signed Application for Disaster Food Stamp Benefits to the local agency authorized for the DFSP, either in person or through an authorized representative. The agency must record on the application the date received the form is received.

If the Modified Food Stamp Program is implemented, the household must file a regular application, either the Application for Benefits, Request for Assistance and Statement of Facts or the online Virginia Food Connection application. In addition, the

household must complete an additional Modified Food Stamp Program - Request for Disaster Food Stamp Benefits form, where information is gathered about the adverse effect the household experienced, and their expenses are gathered. See [Appendix I](#) of this chapter for a copy of the modified application form.

The household must file the application during the disaster application processing period authorized by FNS. If a DFSP application is mistakenly filed outside of this disaster intake period, it must be denied.

Households that apply outside of this disaster intake period may complete an application for the regular Food Stamp Program and have the application processed according to the regular Food Stamp Program application procedures.

2. MATCHES. Applicants will be screened to prevent duplicate participation. They also will be subject to various other matches.

If the web-based application is used, the household will be screened automatically against extracts from ADAPT, the Division of Human Resources State Employee Database, Child Support Enforcement, and the web-based file itself. Match results will be provided to the worker online for information and evaluation. Persons who match in ADAPT and already received benefits through the regular food stamp program are not eligible for DFSP benefits. A match with the VDSS state employee file is an indication to the worker of an income source to explore during the interview. A match with support enforcement files is an indication to the worker of a possible income source to explore during the interview. A match with the disaster file itself shows people who have already applied for DFSP benefits and the disposition of that application.

If a paper application is used, the household members on the application must be entered into the web-based automated system to check for duplicate participation prior to approval. The application will be automatically screened against the same sources noted above as the web-based application.

If the Modified Food Stamp Program is used, applications must be screened through the Multiple Systems Inquiry like any other application.

3. INTERVIEWS. The household must be interviewed. The individual interviewed may be the head of the household, spouse, any other responsible member of the household, or an authorized representative. If an authorized representative is applying, that

person must have written permission from the household. The interviewer must review the information that appears on the application and resolve unclear or incomplete information with the household.

In addition, the interviewer must advise the household of its rights and responsibilities, including the right to a fair hearing, the proper use of food stamp benefits and EBT cards, penalties for fraud, and the civil and criminal penalties for violations of the Food Stamp Act. The interviewer must advise the household that it may be subject to a post-disaster review.

The interviewer must inform each household of the ongoing Food Stamp Program and how to apply for benefits.

Local agency certification staff, other designated agency staff, staff from other local agencies, state social services staff, and volunteers may be used to interview households and to determine eligibility. A disaster relief agency may also interview and determine eligibility, providing the agency has been approved by FNS.

4. VERIFICATIONS. Verification requirements will depend on the nature of the disaster, e.g., if homes were leveled, verification of several elements may be waived. Identity of the applicant is always verified. Examples of acceptable verification of identity include, but are not limited to, a driver's license, work or school ID, voter registration card, or birth certificate. A collateral contact may be used as a source of verification if the applicant's identity cannot be verified through documentary evidence.

For items where verification can be waived, the household declaration on the application must be used in the eligibility determination.

5. HOUSEHOLD COOPERATION. If the household refuses to cooperate with any aspect of the application process, the application must be denied at the time of refusal. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrate that it will not take actions that it can take and that are required to complete the application process.
6. BENEFIT AMOUNT CALCULATION. Households determined eligible for Disaster Food Stamp Program assistance must receive either a half-month or a full month allotment, depending on which disaster benefit period level was authorized by FNS.

The actual amount of the allotment will be based on the household size. The benefit allotment tables must be used to determine the amount of the allotment.

7. PROCESSING STANDARD. Eligible households that complete the DFSP application must have their eligibility determined the same day, or as soon thereafter as possible, in order to ensure that benefits are issued no later than the 3rd working day following the date the application was filed.

Ideally, an opportunity to obtain benefits should be provided the same day the application is approved. Benefits will be issued by vault EBT cards.

If, due to the volume of applications, additional processing time is needed, the local agency must forward the request for additional time to the Home Office, Food Stamp Unit. The request must indicate the date by which all DFSP applications will be processed.

8. CERTIFICATION NOTICES. The household must be advised in writing of the disposition of the application. See the [Appendix I](#) of this chapter for the Notice of Action for the Disaster Food Stamp Program. If an application is approved, the household must be advised of the amount of the allotment and the period the benefits are intended to cover. If the application is denied, the basis of denial must be explained. If an application is withdrawn, list the date of the withdrawal on the notice to confirm it. Appeal information is on the notice.
9. HANDLING CURRENT FOOD STAMP HOUSEHOLDS. In some disasters, ongoing food stamp recipients may apply and be certified for disaster benefits. In some disasters, FNS has approved others options such as the issuance of automatic replacements to ongoing households. The manner in which ongoing households are handled will be determined in negotiations with FNS at the time of a disaster.

K. ELIGIBILITY REQUIREMENTS FOR DISASTER FOOD STAMP PROGRAM ASSISTANCE

To be eligible for the DFSP, a household must meet basic eligibility factors or requirements. These eligibility factors are for the household to: live in the affected area (Residency); intend to purchase and prepare food during the disaster benefit period (Purchase and Prepare); have suffered an adverse effect as a result of the disaster (Adverse Effect); be evaluated with people who would normally be part of the household (Household Composition), and to meet the income and resource eligibility test (Income and Resource Test). These factors are explained fully below.

1. RESIDENCY. At the time the disaster struck, the household must have been residing within the geographical area authorized for

implementation of the Disaster Food Stamp Program. Such a household may be certified even though it is temporarily residing outside of this area. In this situation, the household would need to apply at the local agency where it lived at the time of the disaster.

2. PURCHASE AND PREPARE. The household must intend to purchase food and prepare meals during the disaster benefit period.
3. ADVERSE EFFECT. Depending on the disaster, the household must have experienced one or more of the following adverse effects that directly result from the disaster. Additional adverse effects may be identified at the time of the disaster.

a. Loss or Inaccessibility of Income.

Loss or inaccessibility of income means a reduction or termination of income, or a significant delay in receipt of income, due to the disaster. This could occur, for example, if a disaster has caused a place of employment to close or reduce its work days, or if the work location is inaccessible due to the disaster (e.g., roads washed out).

b. Inaccessibility of Liquid Resources.

Inaccessibility of liquid resources includes situations in which the financial institutions in which the household has its resources are expected to be closed due to the disaster for at least half of the disaster benefit period.

c. Disaster-Caused Expenses Due to Damage to the Home Property or Self-Employment Business.

The household must have had damage to the home property or self-employment business in order to qualify under this criterion for the DFSP.

4. HOUSEHOLD COMPOSITION. The household must include as part of the application process the people normally living and eating together as of the date of application. Do not include any persons temporarily staying with the household or with whom the household is temporarily staying. If members of the family are not together on the date of application because of circumstances directly related to the disaster, but they were living and eating together on the date of the disaster, include those persons also.

Examples

In the following examples, the date of the disaster is September 18. The date of application is September 30.

- a) Client applies 9/30 for herself. Her husband, who was in the home on 9/18, went to jail on 9/20. He is not included as a household member; he is not there on the date of application and his absence is not related to the disaster.
- b) Client and her husband moved in temporarily with her mother because their house was flooded. Do not include the mother because the client and her husband are temporarily staying there.
- c) Client's sister moved in with her temporarily because the sister has no power. Do not include the sister on the client's application.
- d) Client applies for herself and a baby born 9/20. The new baby is included because he is now part of the permanent household, even though he was not there on the date of the disaster.
- e. Client and her husband have four children. Their home was destroyed in a tornado. Nobody can house all six of them, so three children are with their grandmother, and the other three people are with the client's sister. The application can include the family of six, because they were living and eating together on the date of the disaster and the reason they are scattered is directly due to the disaster.
- f) Client's daughter is home from college because the college closed down. Do not include the college student because she is there temporarily.
- g) Client normally resides in the barracks on a military base. He is not eligible for benefits because he is in a facility that provides him food.

Students or others who have meals provided are considered residents of institutions and are not eligible for DFSP or the Modified Food Stamp Program.

5. INCOME AND RESOURCES TEST. The household must meet the disaster income limits. This is determined as follows:

- a. Determine the household's earned and unearned income during the disaster benefit period.

Count income the household has received during the disaster benefit period, or is expected with reasonable certainty to be received during this period.

For earned income, count "take-home" pay. This means NET wages and salaries received after taxes and all other payroll withholding is taken out; net self-employment income earned after personal income taxes and social security taxes as well as costs of producing the income are subtracted.

Count the net unearned income the household has already received or expects to receive during the disaster benefit period. Unearned income includes, but is not limited to, Social Security (death, retirement or disability), SSI, child support, pensions, unemployment compensation, TANF, and any other payments not excluded by the regular program.

For the DFSP, average weekly and bi-weekly income is NOT converted to a monthly figure by the 4.3 or 2.15 conversion factors used in the regular program. Rather, the worker must determine the income already received during the disaster period, and anticipate the income expected for the rest of the disaster period.

Example

The disaster period is August 17 through September 16. The household files a DFSP application on August 30. The client has 4 pay dates during the disaster period. He had a full paycheck on August 23, but no pay on August 30 because the business flooded. He expects full pay again for the next two pay dates, because he is back at work. Count the one pay received and the two anticipated basing the amounts for the anticipated two on the one received.

DFSP income does NOT include any disaster assistance payments received or expected to be received during this period from Federal, State, or local government agencies or disaster assistance or relief organizations.

Income that is excluded under regular program rules is also excluded under disaster rules.

- b. Determine the household's accessible liquid resources as of the date of application.

All liquid resources that the household can access must be counted. They include, but are not limited to, cash on hand, money in checking, savings, and credit union accounts, Christmas Club accounts, Vacation Club accounts, certificates of deposit and money market accounts.

Jointly held resources between married persons belong to each party equally.

Jointly held resources between other people belong to the parties in proportion to their net contributions. If the parties establish that they intended a different ownership arrangement, that arrangement prevails.

Example

A daughter is listed on her elderly mother's bank account. The daughter and her mother say the money belongs to the mother. The account is not a resource to the daughter.

Individual Retirement Accounts, stocks, bonds and Keogh plans are not counted.

Do not count the same money as income and a resource for the same month.

Example

A client's paycheck is directly deposited in a checking account. Count the paycheck as income but deduct that amount from the resource balance.

c. Determine the household's allowable disaster-caused expenses.

Generally, disaster-caused expenses are limited to expenses the household has paid or expects to pay during the disaster benefit period and for which the household does not expect to receive reimbursement during the disaster benefit period. Note that expenses to protect property from damage, which may occur prior to the disaster (e.g., boarding windows before the disaster event) are allowable.

The following disaster-caused expenses can be considered:

- 1) Food destroyed in the disaster that the household has replaced or intends to replace.
- 2) Dependent care expenses directly due to the disaster.
- 3) Medical or funeral expenses related to the disaster.
- 4) Cost to repair or replace disaster damage to the home.
- 5) Cost to repair or replace tools/equipment needed for work.

- 6) Temporary shelter expenses, if unable to live at home.
- 7) Moving expenses, if evacuated from home.
- 8) Expenses to protect property from disaster damage.
- 9) Other disaster caused expenses specified by the household (e.g., the insurance deductible).

If the household has received or is reasonably certain to receive reimbursement for all or part of the expense during the disaster benefit period, then only the net expense to the household are deductible, e.g., the insurance deductible.

- d. To calculate eligibility manually, follow these steps:

Add the household's countable income plus its accessible liquid resources.

Then, subtract allowable disaster-caused expenses.

Compare this result to the disaster income limits for the appropriate household size in the table below. If the household's income is at or below the limit, the household is eligible for the benefit shown:

HOUSEHOLD SIZE	INCOME LIMIT ¹	BENEFIT AMOUNT	
		FULL MONTH	HALF MONTH ²
1	\$1332	\$152	\$ 76
2	\$1604	\$278	\$139
3	\$1875	\$399	\$199
4	\$2147	\$506	\$253
5	\$2442	\$601	\$300
6	\$2735	\$722	\$361
7	\$3007	\$798	\$399
8	\$3279	\$912	\$456
Each additional person	+\$272	+\$114	+\$57

Note¹ The income limit for the Disaster Food Stamp Program is equal to the sum of the maximum net income limit plus the maximum standard deduction and the maximum shelter expense deduction.

Note² The half-month benefit amount is calculated by dividing the full month amount by two and rounding down to the nearest whole dollar amount.

- e. For eligible households, the worker must complete the Internal Action Form for Disaster Food Stamps to authorize the issuance of the EBT card. See the Forms Section of this Chapter for a copy of the form.

L. DISASTER FOOD STAMP PROGRAM BENEFIT PERIOD

1. The benefit period for the DFSP is not based on a calendar month as it is for the regular Food Stamp Program. The benefit period is determined by the disaster benefit period authorized by FNS. The period will be either a half-month (15 days) or a full month (30 days). (In past experience running the DFSP, the benefit period has always been a full month.)
2. The full amount of accessible liquid resources must be counted regardless whether the length of the disaster benefit period is a half month or a full month.
3. If the disaster benefit period is a half-month, income over the 15 day period must be counted. Disaster-caused expenses paid or expected to be paid during this 15-day period must be deducted. The maximum income eligibility limit must not exceed the disaster income eligibility limit, as shown in the table in Chapter K.

If the disaster benefit period is a full month, then income during the 30-day period must be counted. Disaster-caused expenses that are paid or expected to be paid during this 30-day period must be deducted. The maximum income limit for the appropriate household size must not exceed the disaster income eligibility limit as shown in the table in Chapter K.

M. VAULT CARD ISSUANCE PROCEDURES

To issue EBT cards in the DFSP, Virginia's EBT Contractor will provide access to EBT Administrative Terminal screens so that local agencies can issue vault cards, set up accounts, and post benefits directly into the EBT system. To gain access to this system, workers will need one of two special profiles designed for emergency benefit issuance. The two profiles are:

Profile 15 (MNVADIW) for the issuance worker. This profile allows access to screens necessary to establish a new disaster Food Stamp case and attach and issue a vault card to that case.

Profile 14 (MNVADWF) for the fiscal worker. This profile allows access to screens necessary to post benefits to a case.

The Profile Request form is available online at:

<http://www.dss.state.va.us/redirect/?58>. Requests should be submitted when the local director requests approval to operate the DFSP. Requests are submitted to Virginia Department of Social Services, Division of Information Systems - Security.

For the DFSP, eligible households must receive a new EBT card and EBT account even if they are already known to the EBT system. Procedures for setting up EBT accounts are in [Appendix IV](#) of this chapter.

To issue EBT cards in the Modified Food Stamp Program, the local agency must issue vault cards in the same manner they are issued for regular program operations. The eligibility worker must authorize issuance of a vault card in ADAPT, note approval for immediate issuance availability, and prepare the Internal Action Form. Benefits are batched in the regular immediate issuance batches throughout the day. Refer to the EBT manual - Chapter C discusses issuance to authorized representatives, Chapter D discusses card issuance; Chapter F-1 to F-2 discusses the overnight and immediate batches.

For the Modified Food Stamp Program, the agency may use an existing EBT account or EBT card. If the household needs a replacement EBT card, the agency must credit the replacement card fee.

Under either the DFSP or the Modified Food Stamp Program, households must select or change the PIN to access benefits through the Automated Response Unit.

N. FAIR HEARINGS AND CONFERENCES

Households denied Disaster Food Stamp Program benefits may request a fair hearing in accordance with [Part XIX](#). If the household decides to withdraw its request for a fair hearing, the request must be in writing.

Households may also request a local agency conference in accordance with [Part XIX](#). A requested conference must be provided within three working days because of the short processing time for disaster applications. The conference is not a replacement for the fair hearing process.

O. TRANSITION TO THE REGULAR FOOD STAMP PROGRAM

Households that are issued DFSP benefits may follow up and file applications for the regular program. In such situations, benefits for the regular program must be prorated from the day following the end of the disaster benefit period, or the day of application for the regular program, whichever is later.

Example

The DFSP benefit period is August 18 through September 17. The household filed for and got disaster benefits on September 1. The household files an application for the regular program on September 15. If eligible, benefits are prorated from September 18, the day following the end of the disaster benefit period.

P. DISASTER REPORTS

Each day the following information must be reported to FNS. This information will be gathered at the end of each business day from the web-based system, or from ADAPT if the Modified Food Stamp Program is used. If a paper application is used, the data will come from the Master Issuance File or EBT files. The data gathered daily is:

1. The number of households approved, broken down by households already participating in the normal, ongoing Food Stamp Program and new, non-participating households;
2. The total number of persons approved, broken down by people already participating in the normal, ongoing Food Stamp Program and new, non-participating people;
3. The total dollar value of food stamp benefits, broken down by households already participating in the normal, ongoing Food Stamp Program and new, non-participating households;
4. The average dollar value of food stamp benefits per household; and
5. The total number of households denied.

Q. RECIPIENT CLAIMS

Claims for overissued disaster food stamp benefits must be established as soon as possible, but no later than the quarter following discovery of the overissuance. Regular Food Stamp Program rules apply. See [Part XVII](#).

R. INTENTIONAL PROGRAM VIOLATION DISQUALIFICATION

Disqualification in the regular Food Stamp Program does not disqualify a person from the Disaster Food Stamp Program. Committing an Intentional Program Violation (IPV) in the Disaster Food Stamp Program will count towards disqualification in the regular Food Stamp Program however. See [Part XVII](#).

APPENDIX I

DISASTER FORMS

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-03-550/3	Application for Disaster Food Stamp Program Benefits	1-5
032-03-663	Request for Disaster Food Stamp Assistance	6-7
032-03-665	Modified Food Stamp Program - Request for Disaster Benefits	8-9
032-03-664	Internal Action and Vault EBT Card Authorization for Disaster Food Stamp Benefits	10-12
032-03-662	Notice of Action - Disaster Food Stamp Program	13-14
032-03-391	Vault EBT Card Issuance Log	15-16
	Card Activation and PIN Selection Process	17

APPLICATION FOR DISASTER FOOD STAMP BENEFITS

Disaster Benefit Period

TO

AGENCY USE ONLY

CASE NAME

FIPS

CASE NUMBER

ATTACHMENTS: Y or N

WORKER NAME

WORKER NUMBER

DATE RECEIVED

INSTRUCTIONS:

Complete this application honestly and to the best of your knowledge. If you give false or misleading information or withhold information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Food Stamp benefits. The information you give, including social security numbers, may be matched against Federal, State, and local records to determine if it is accurate. In addition, this information will be used to prevent duplicate receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database. At your interview, you must provide proof of your identity. You may also be required to provide proof of residence, income, resources, and expenses. Tell your worker if you want someone not in your household to apply for and/or pick-up and/or use your Disaster Food Stamp benefits on your behalf.

HEAD OF HOUSEHOLD (LAST NAME, FIRST, MIDDLE/ MAIDEN, SUFFIX):

PERMANENT ADDRESS (STREET, CITY, ZIP):

TEMPORARY ADDRESS (IF DIFFERENT):

Telephone:

AUTHORIZED REPRESENTATIVE: Written permission from Head of Household? ☐ YES ☐ NO

PART I: HOUSEHOLD SITUATION

1. ☐ YES ☐ NO Were you residing in the disaster area at the time of the disaster?
2. ☐ YES ☐ NO Has your home property or self-employment property in the disaster area been damaged or destroyed by the disaster?
3. ☐ YES ☐ NO Will you be purchasing food during the Disaster Benefit Period indicated above?
4. ☐ YES ☐ NO Have you paid or do you expect to pay any disaster-caused expenses during the Disaster Benefit Period?
5. ☐ YES ☐ NO Has your income been delayed, reduced, or stopped because of the disaster?
6. ☐ YES ☐ NO Does your household have any cash or money in bank or other financial institution accounts that is not available for your household to use because of the disaster?
7. ☐ YES ☐ NO Do you currently receive Food Stamps? From where: _____ Amount: \$ _____
8. ☐ YES ☐ NO Was any food purchased with Food Stamp Benefits destroyed in the disaster? Amount: \$ _____

PART II: HOUSEHOLD MEMBERS, INCOME AND RESOURCES

List ALL persons normally living and eating with you as of the date of this application. Do not include any persons temporarily staying with you or with whom you are temporarily staying. If members of your family are not together today because of circumstances directly related to the disaster, but they were living and eating with you on the date of the disaster, include those persons also.

Enter the total amount of ALL earned and unearned income received or expected to be received for ALL household members during the DISASTER BENEFIT PERIOD _____ to _____. Income includes, but is not limited to, take-home (net) salary and wages for full and part-time jobs, pensions, self-employment, child support, Social Security death, retirement, and disability benefits, and Supplemental Security Income. Source means: for wages- name of employer, for self-employment- name of business, and for child support- name of payor.

Enter the amount of ALL resources as of the date of this application for ALL household members. Resources include, but are not limited to, cash on hand, money in checking and regular savings accounts, certificates of deposit, money market accounts, and Christmas and Vacation Club accounts. Resources do NOT include IRA Accounts, stocks, bonds, and KEOGH Plans. Source means: for all types, except cash on hand, the name of the financial institution.

Please be sure to enter an answer in every row. If a person does not have the income or resource type listed, enter NA for not applicable.

IF YOU NEED TO INCLUDE ADDITIONAL HOUSEHOLD MEMBERS, INCOME, OR RESOURCES, PLEASE ASK FOR ANOTHER COPY OF THIS PAGE.

List Head of Household under 1. List other household members under 2 through 5. List a Social Security Number (SSN) and date of birth (DOB) for all members. List an amount and source (if applicable) for each income and resource type listed below.			1.NAME (Last, First, MI, Suffix):	2.NAME (Last, First, MI, Suffix):	3.NAME (Last, First, MI, Suffix):	4.NAME (Last, First, MI, Suffix):	5.NAME (Last, First, MI, Suffix):
			SSN:	SSN:	SSN:	SSN:	SSN:
			DOB:	DOB:	DOB:	DOB:	DOB:
<div>DISASTER BENEFIT PERIOD</div> <div>to</div> <div>INCOME AMOUNTS</div>	TAKE-HOME (NET) WAGES/SALARY	AMOUNT					
		SOURCE					
	NET SELF-EMPLOYMENT	AMOUNT					
		SOURCE					
	CHILD SUPPORT	AMOUNT					
		SOURCE					
	SOCIAL SECURITY (DEATH, RETIREMENT, DISABILITY)	AMOUNT					
		SOURCE					
	PENSION	AMOUNT					
		SOURCE					
	SUPPLEMENTAL SECURITY INCOME	AMOUNT					
		SOURCE					
OTHER INCOME (SUCH AS VETERANS, UNEMPLOYMENT, TANF)	AMOUNT						
	SOURCE						
<div>CURRENT RESOURCE AMOUNTS</div>	CASH ON HAND	AMOUNT					
		SOURCE					
	CHECKING ACCOUNT(S)	AMOUNT					
		SOURCE					
	SAVINGS ACCOUNT(S) CHRISTMAS CLUBS, VACATION CLUBS	AMOUNT					
		SOURCE					
	CERTIFICATE(S) OF DEPOSIT/ MONEY MARKET ACCOUNT(S)	AMOUNT					
		SOURCE					
	OTHER RESOURCES	AMOUNT					
		SOURCE					

PART III: DISASTER-CAUSED EXPENSES

List disaster-caused expenses you have already paid and/or expenses you expect to pay during the Disaster Benefit Period _____ to _____. Do not list expenses that have been or will be reimbursed to you.

Do you have homeowner's/ renter's insurance? ☐ YES ☐ NO

If yes, what is the amount of your deductible? _____

	PAID	EXPECT TO PAY
1. Cost to replace food destroyed in the disaster.	1.	1.
2. Dependent care expenses related directly to the disaster (e.g., school was closed; applicant had to pay a babysitter because children were home).	2.	2.
3. Medical, funeral expenses related to the disaster.	3.	3.
4. Cost to repair or replace disaster damage to home property.	4.	4.
5. Cost to repair or replace tools/equipment needed to work.	5.	5.
6. Temporary shelter expenses, if not able to live at home.	6.	6.
7. Moving expenses, if evacuated from home.	7.	7.
8. Expenses to protect property from disaster damage.	8.	8.
9. Other disaster-caused expenses (such as insurance deductible). Specify:	9.	9.

PART IV: PENALTY WARNING

IF YOU GIVE FALSE OR MISLEADING INFORMATION OR WITHHOLD INFORMATION TO RECEIVE BENEFITS, YOU MAY BE PROSECUTED OR REFERRED FOR AN ADMINISTRATIVE DISQUALIFICATION HEARING. YOU ALSO MAY BE REQUIRED TO REPAY ANY BENEFITS YOU ERRONEOUSLY RECEIVED. IF YOUR HOUSEHOLD RECEIVES FOOD STAMPS, YOU MUST NOT (1) GIVE OR SELL FOOD STAMP ELECTRONIC CARDS TO ANYONE NOT AUTHORIZED TO USE THEM, (2) ALTER ANY FOOD STAMP ELECTRONIC CARDS TO GET BENEFITS YOU ARE NOT ENTITLED TO RECEIVE, (3) USE FOOD STAMP BENEFITS TO BUY UNAUTHORIZED ITEMS, SUCH AS ALCOHOLIC DRINKS, TOBACCO, OR PAPER PRODUCTS AND (4) USE ANOTHER HOUSEHOLD'S FOOD STAMP ELECTRONIC CARD FOR YOUR HOUSEHOLD.

ANY MEMBER OF YOUR HOUSEHOLD WHO BREAKS ANY OF THESE RULES ON PURPOSE CAN BE BARRED FROM THE FOOD STAMP PROGRAM FOR 12 MONTHS, 24 MONTHS, OR PERMANENTLY AND MAY BE FINED, IMPRISONED, OR BOTH. ANYONE COURT CONVICTED OF TRADING FOOD STAMP BENEFITS FOR A CONTROLLED SUBSTANCE COULD BE BARRED FOR 24 MONTHS OR PERMANENTLY, AND PERMANENTLY IF COURT CONVICTED OF TRADING FOOD STAMP BENEFITS FOR FIREARMS, AMMUNITION, OR EXPLOSIVES. ANYONE WHO INTENTIONALLY GIVES FALSE INFORMATION OR HIDES INFORMATION ABOUT IDENTITY OR RESIDENCE TO GET FOOD STAMPS IN MORE THAN ONE LOCALITY AT THE SAME TIME COULD BE BARRED FOR 10 YEARS.

PART V: YOUR FOOD STAMP RIGHTS

IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, WE ARE PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, RELIGION, POLITICAL BELIEFS AND DISABILITY. TO FILE A COMPLAINT OF DISCRIMINATION, WRITE USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, ROOM 326-W, WHITTEN BUILDING, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, DC. 20250-9410 OR CALL (202) 720-5964 (VOICE AND TDD). USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

PART VI: CERTIFICATION AND SIGNATURE

I UNDERSTAND THE QUESTIONS ON THIS APPLICATION AND THE PENALTY FOR WITHHOLDING OR GIVING FALSE OR MISLEADING INFORMATION. I CERTIFY, UNDER PENALTY OF PERJURY, THE INFORMATION I HAVE GIVEN IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO REVIEW ACTIONS RELATED TO THIS APPLICATION. I UNDERSTAND THAT IF I DISAGREE WITH THE DECISIONS MADE ON MY APPLICATION, I HAVE A RIGHT TO ASK FOR A FAIR HEARING. I UNDERSTAND MY HOUSEHOLD MAY BE SELECTED FOR A FEDERAL OR STATE REVIEW TO EXAMINE ACTIONS TAKEN IN CONNECTION WITH THIS APPLICATION.

Signature (Mark) of Applicant or Authorized Representative: _____ Witness of Mark: _____ Date: _____

Signature of Worker: _____ Worker Number: _____ Date: _____

AGENCY USE ONLY

DISASTER ALLOTMENT CALCULATION

1. Anticipated Income \$ _____

2. Resources + \$ _____

3. Total (1 + 2) \$ _____

4. Disaster Expenses - \$ _____

5. Disaster Income (3 - 4) \$ _____

6. Disaster Income Limit: HH Size _____ \$ _____

☐ ELIGIBLE if #5 is less than or equal to #6

☐ INELIGIBLE if #5 is greater than #6

☐ WITHDRAWN on _____

☐ DENIED because: _____

☐ APPROVED

DISASTER ALLOTMENT AMOUNT: \$ _____

WORKER: _____ Date: _____

CALCULATION FOR CURRENTLY CERTIFIED HOUSEHOLDS

1. DISASTER ALLOTMENT AMOUNT \$ _____

2. Ongoing Allotment (prorated) - \$ _____

3. Difference (1 - 2) \$ _____

4. Amount of Food Loss + \$ _____

5. DISASTER ALLOTMENT AMOUNT (3+4) \$ _____

WORKER: _____ Date: _____

IDENTITY VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENCE VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	INCOME VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	RESOURCES VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPENSES VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
METHOD and DATE:	METHOD and DATE:	SOURCE, METHOD, and DATE:	SOURCE, METHOD, and DATE:	SOURCE, METHOD, and DATE:
RECEIVED BY:	RECEIVED BY:	RECEIVED BY:	RECEIVED BY:	RECEIVED BY:

NOTES:

5/05

VOLUME V, PART XX, APPENDIX I PAGE 5

APPLICATION FOR DISASTER FOOD STAMP BENEFITS

FORM NUMBER - 032-03-550

PURPOSE OF FORM - To record a household's request for disaster Food Stamp assistance and provide information about the household's circumstances to determine eligibility. To serve as a paper back-up for the automated disaster system.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The application is completed by the household or on behalf of the household by an authorized representative. The application is to be filed in a disaster case record and retained for a minimum of three years.

INSTRUCTIONS FOR PREPARATION OF THE FORM - The Disaster Benefit Period will be pre-printed on the form in four different places before reproduction of it. The worker must complete the Agency Use Section on page 1, with identifying information. Note whether there are attachments (e.g., the household needed an additional sheet to list more than 5 household members) by circling Y or N in the Attachments block, and show how many pages are attached.

The household or its authorized representative must complete and sign the application. If any information needs to be changed after it has been entered, the applicant or the authorized representative must initial and date the changes.

The Agency Worker must sign and date the application on page 3 underneath the client's or authorized representative's signature. The worker must complete page 4, with the eligibility documentation and determination of benefits if the automated system is not available.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP PROGRAM

REQUEST FOR DISASTER FOOD STAMP ASSISTANCE

General Information

This request for assistance is the first part of the application process for the Disaster Food Stamp Program. You must also complete the second part of the application process by:

1. Having an interview and
2. Signing an Application for Disaster Food Stamp Benefits

Complete and Accurate Information

You must give complete, accurate, and truthful information. If you give false or misleading information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Food Stamp Benefits.

Verification and Use of Information

The information that you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if it is accurate. In addition, the information will be used to prevent receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database.

Completing the Request for Assistance

If you are applying for your own household, please enter your name and other information requested in the space provided.

You may complete this request for assistance for someone else, if you have been authorized by that person to represent them. You will need a signed and dated statement from the person for whom you are applying before you can complete the application process. If you are applying for someone else, please enter the name and information of the person for whom you are applying. In addition, please enter your name and other information in the space provided.

032-03-663 (09/04)

Applicant Name	Date of Birth
Address	Social Security Number
	Telephone
Signature or Mark	Date

Authorized Representative Name	Relationship to Applicant
Address	Telephone
Signature or Mark	Date

Your Food Stamp Rights

In accordance with Federal law and U.S. Department of Agriculture policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

REQUEST FOR ASSISTANCE FOR DISASTER FOOD STAMP BENEFITS

FORM NUMBER: 032-03-663

PURPOSE OF FORM: To indicate intent to apply for the Disaster Food Stamp Program by an applicant or an applicant's authorized representative.

USE OF FORM: To be completed by an applicant or authorized representative to begin the application process when using the automated Disaster Food Stamp Eligibility System. The form will notify the applicant or the applicant's authorized representative of various database screenings.

NUMBER OF COPIES: One

DISPOSITION OF FORM: The form must be retained in the case record with the signed Application for Disaster Food Stamp Benefits.

INSTRUCTIONS FOR PREPARATION OF THE FORM: The applicant must complete the identifying information. If this form is completed by the applicant's authorized representative, the authorized representative must complete the identifying information for the applicant. In addition, the authorized representative must complete his/her own identifying information. The form must be signed by either the applicant or the applicant's authorized representative.

MODIFIED FOOD STAMP PROGRAM REQUEST FOR DISASTER FOOD STAMP BENEFITS

This form alone is not an application. It must be added to a regular food stamp application.

Did your household experience at least one of these situations?

1. Loss of income due to the disaster?

☐

Yes

☐

No

2. Damage to your home property or self-employment business due to the disaster?

☐

Yes

☐

No

If you answer YES to at least one of the above questions, please identify the amount of your disaster expenses that you have paid or expect to pay from _____ to _____:

\$ _____	Cost to replace food destroyed in the disaster.
\$ _____	Dependent care expenses related to disaster (e.g., school was closed, applicant had to pay a babysitter because children were home).
\$ _____	Medical or funeral expenses related to disaster.
\$ _____	Cost to repair or replace disaster damage to your home property (remove trees, replace furniture or appliances, remove mud, trash or other debris from home).
\$ _____	Costs to repair or replace tools or equipment needed to work (e.g., tools of a tradesperson, repair or replace vehicle).
\$ _____	Temporary shelter expenses (e.g., hotel).
\$ _____	Moving expenses, if evacuated (e.g., gasoline, hotel).
\$ _____	Expenses to protect home from damage (e.g., plywood, duct tape, plastic sheeting, tarps).
\$ _____	Other expenses (e.g., insurance deductible, miscellaneous expenses to maintain reasonable living conditions such as batteries, ice, water).

Printed Name

Signature or Mark

Date

5/05

VOLUME V, PART XX, APPENDIX I PAGE 9

MODIFIED FOOD STAMP PROGRAM
REQUEST FOR DISASTER FOOD STAMP BENEFITS

FORM NUMBER: 032-03-665

PURPOSE OF FORM: This form is only used by localities authorized to run the Modified Food Stamp Program for households affected by a disaster. To indicate intent to apply for the Modified Disaster Food Stamp Program by an applicant or an applicant's authorized representative.

USE OF FORM: To be completed by the applicant or the applicant's authorized representative in conjunction with the 2-page Request for Assistance- ADAPT form or the 14-page Application for Benefits form. The form will provide the worker with the household's disaster-caused expenses, which will be input into ADAPT to determine eligibility for the Modified Disaster Food Stamp Program.

NUMBER OF COPIES: One

DISPOSITION OF FORM: This form must be retained in the case record with the signed Request for Assistance - ADAPT and the signed Statement of Facts, or with the signed Application for Benefits.

INSTRUCTIONS FOR PREPARATION OF FORM: The worker enters the case number and name at the top of the form. The worker also fills in the dates under Question 2 to show the period of time over which disaster expenses are gathered. This date will generally be from the date of the disaster through the next 30 days. It will be unique to each disaster.

The applicant or the applicant's authorized representative must complete Questions 1 and 2 on the form. If the answers to both questions are NO, the household is not eligible for the Modified Disaster Food Stamp Program. If the answer to either question is YES, the household must identify the amount of disaster-caused expenses it paid or expects to pay during the period shown on the application. The applicant or the applicant's authorized representative must print his/her name and sign and date the form.

If the household is not eligible to file for the Modified Food Stamp Program because it did not have a loss of income or disaster expense, the local agency must proceed with a regular Food Stamp application.

TRANSMITTAL #62

INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION
FOR DISASTER FOOD STAMP BENEFITS

DATE: _____

TO: _____ Vault Card Issuance Unit _____ EBT Administrative Terminal Personnel

FROM: Eligibility Worker/Supervisor: _____ Telephone Number: _____

RE: Case Name: _____ Case Number: _____

Amount Authorized: \$ _____

Household Size: _____

I. ☐ Authorization for a Vault EBT Card

Vault card reason: (1) ☐ Timely processing (2) ☐ Household emergency (3) ☐ Agency determination

Case Name Social Security Number _____ Case Name Birth Date _____

Address of household: _____

[] Release vault card to Authorized Representative _____

II. ☐ Authorization for crediting the card replacement fee to the household's account

Reason: ☐ Household disaster ☐ Lost in the mail ☐ Household Violence
☐ Improperly manufactured ☐ Reapplication, no card ☐ Cardholder name changed

III. ☐ Administrative error – Debit account for \$ _____.

IV. ☐ Reactivate dormant EBT account.

V. ☐ Repay FS Claim of \$ _____ from ☐ Active ☐ Dormant/expunged account

Issuance/Administrative Unit Use

I. EBT Vault Card Number: _____

Amount of Benefits Added to the Account: \$ _____

Type of identification seen:

☐ Driver's License ☐ Rent/Utility Bill/Receipt ☐ School ID Card ☐ Work ID Card
☐ Library Card ☐ Social Security Card ☐ Other: _____

I acknowledge that I received my EBT card. I understand that I need to call the Automated Response Unit (ARU) to select a Personal Identification Number (PIN) to use my benefits.

Applicant or Authorized Representative Signature or Mark _____ Date _____

☐ Cardholder failed to pick up vault card ☐ Card destroyed on _____ ☐ Vault card not prepared

II. Replacement fee credited on _____

III. EBT account debited for \$ _____ for an administrative error on _____

IV. EBT account reactivated on _____

V. Repaid \$ _____ to FS Claim on _____.

Completed By: _____ Date _____

Issuance/Administrative Worker

Date

5/05

VOLUME V, PART XX, APPENDIX I PAGE 11

Internal Action and Vault EBT Card Authorization
For Disaster Food Stamp Benefits

FORM NUMBER - 032-03-664

PURPOSE OF FORM - This form documents that the Eligibility Worker (EW) authorizes the Issuance Worker to set up an EBT account and post benefits. It also documents that the household received its EBT card.

USE OF FORM - The EW completes the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to a Disaster Food Stamp Program household. The Issuance and Administrative Unit completes the bottom portion of the form to document that an account was set up and benefits were posted. The applicant or the applicant's authorized representative must sign the form to acknowledge receipt of the vault card.

The agency must also use the internal action form to document repayment of a claim with funds in an EBT account or to debit an account for an administrative error.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is retained in the disaster case file for a minimum of three years.

INSTRUCTIONS FOR PREPARATION OF FORM - The EW or Supervisor must complete the identifying case and unit information. For approved disaster applications, the EW must enter the amount of disaster food stamp benefits authorized, the household size, the case name social security number, the case name date of birth, and the household's address.

The Eligibility Supervisor or designee must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. The Eligibility Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited as a result of an administrative error.

The EW or Supervisor may authorize the reactivation of a dormant account by completing Section IV. The applicant or the applicant's authorized representative may also contact the Issuance or Administrative Worker directly to request the reactivation of the account. The EW or supervisor may also authorize deducting funds from an account to repay a claim by completing Section V.

Generally, the Issuance Unit should prepare a vault card for the household on the same day the form is received. The Issuance Worker setting up the account (Profile 15) must enter the vault card number on the form. The Issuance Worker posting benefits (Profile 14) must enter

TRANSMITTAL #62

the amount of benefits added on the form and initial and date the transaction. The Issuance Worker (Profile 14 or 15) must record identity verification before releasing the vault card and secure the signature of the applicant or the applicant's authorized representative on the form.

The Issuance Unit must destroy the card after five business days if the card is not picked up by the applicant or the applicant's authorized representative. The Issuance Worker must note the date of the destruction of the card on the form.

The supervisor of the Issuance or Administrative Unit must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.

NOTICE OF ACTION - DISASTER FOOD STAMP PROGRAM

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR APPLICATION FOR DISASTER
FOOD STAMP BENEFITS.

CASE NUMBER

DATE

COUNTY/CITY

ACTION ON APPLICATION DATED _____

☐ Approved for \$ _____ for Disaster Benefit Period _____ to _____

☐ Denied Reason _____

☐ Withdrawn Application withdrawn by household on _____

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals and Fair Hearings, 7 N. Eighth Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your hearing within the next 90 days.

In addition to filing an appeal, you also have the right to a conference with your local social services agency, at which time the agency must give you an explanation of its action. You must also be given the opportunity to present any information on which your disagreement with the agency's action is based. At the conference, you have the right to have your story presented by an authorized representative, such as a friend, relative or lawyer. The local agency must provide a conference within three working days from the time of your request. If you would like to have a conference, please call me at the number below.

A fair hearing provides you the opportunity to review the way a local agency social services agency has handled your situation concerning your stated need for food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witnesses to the hearing to help you tell your story. Your eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) Examine all documents and records which are used at the hearing;
- (2) Present your case or have it presented by a lawyer or by another authorized representative;
- (3) Bring witnesses;
- (4) Establish pertinent facts and advance arguments; and
- (5) Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency; consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

Worker	Telephone Number	For Free Legal Advice Call

5/05

VOLUME V, PART XX, APPENDIX I PAGE 14

NOTICE OF ACTION -DISASTER FOOD STAMP PROGRAM

FORM NUMBER - 032-03-662

PURPOSE OF FORM - To notify an applicant of eligibility action taken on an Application for Disaster Food Stamp Benefits.

USE OF FORM - To be prepared and sent immediately or within the appropriate time standard following action on an Application for Disaster Food Stamp Benefits.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original is to be forwarded to the head of the household. One (1) copy is to be retained in the case file.

INSTRUCTIONS FOR PREPARATION OF FORM

Complete the identifying information at the top of the form.

Enter the date of the application.

Check the appropriate box to show the disposition of the application.

For approvals, indicate the allotment amount and the time period the allotment is to cover (disaster benefit period).

For denials, indicate the reason the application was denied.

For withdrawals, enter the date the household requested the application be withdrawn.

Sign the form. Enter a telephone number for the worker and the telephone number of the local legal aid office.

TRANSMITTAL #62

VAULT EBT CARD ISSUANCE LOG

Agency/Location _____

Month _____ Year _____

	Date	Case Number	Cardholder Name	Reason for Vault Card (1, 2, 3)	Card Number (16 digits)	Issued By (Initials)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Vault EBT Card Issuance Log

FORM NUMBER - 032-03-391 (An Excel spreadsheet version of this form is available from the EBT Project Office.)

PURPOSE OF FORM - This log provides a monthly listing of the over-the-counter vault cards the local agency issued. The log compiles information from the Internal Action and Vault EBT Card Authorization forms and will support inventory control and requisitioning.

USE OF FORM - The Issuance Unit must prepare the issuance log upon receipt of the Internal Action and Vault EBT Card Authorization form from the Eligibility Unit and after the Issuance Worker links the vault card in the Administrative Terminal.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The Issuance Worker must retain the log for the current month with copies of the Internal Action and Vault EBT Card Authorization forms received in the month.

INSTRUCTIONS FOR PREPARATION OF FORM - The Issuance Worker must complete the log based on information from the Internal Action and Vault EBT Card Authorization form. The Issuance Worker must also initial the log.

CARD ACTIVATION AND PIN SELECTION PROCESS

You will need to call the Automated Response Unit (ARU) toll-free to activate your EBT card and select a PIN (personal identification number). The number is: **866-281-2448**.

You must complete ALL of the following steps. You cannot buy groceries until you complete these steps.

STEP 1 – Press or say 1 for English or 2 for Spanish.

STEP 2 – Enter or say the 16-digit card number. If the number is not entered or an incorrect number is entered, you will be asked to re-enter the card number.

You will be given your current balance and the following options:

Press 1 to activate your card.

Press 2 to hear your last ten transactions.

Press 3 to report your card lost, stolen, or damaged.

Press 4 to select a PIN.



STEP 3 – Press or say 1 to activate your card. You will be asked to enter or say your six-digit birth date in month/day/year order. Example: January 7, 1988 would be 010788.

You will hear a message telling you that your card has been activated.

You must continue with the following steps to choose a PIN. You will not be able to buy groceries until you complete these additional steps.

STEP 4 – Press or say 1 to return to the main menu.

STEP 5 – Press or say 4 to select a PIN.

STEP 6 – Enter or say the 16-digit card number.

STEP 7 – Enter or say your six-digit birth date in month/day/year order. Example: January 7, 1988 would be 010788.

STEP 8 – Enter or say your Social Security Number. If you do not have a Social Security Number, press 1. You will be instructed to enter your case number. Your case number is on your Notice of Action.

STEP 9 – Enter or say the four digits you want to use as your PIN.

STEP 10 – Re-enter or say the four digits you want to use as your PIN.

You will hear a message, "Your PIN has now been selected. Thank you for calling the Customer Call Center." The call will terminate automatically.

You will now be able to use your card to buy groceries.

Disaster Food Stamp Program

Administrator's Planning Guide

Introduction

In the event of a hurricane, flood or other major disaster, the United States Department of Agriculture (USDA) can authorize the implementation of a short term Disaster Food Stamp Program (DFSP). The purpose of the DFSP is to provide emergency food stamp benefits to disaster victims as effectively and efficiently as possible. As a result, the DFSP is much more streamlined than the regular Food Stamp Program (FSP). Eligibility criteria are much less stringent, and generally most items of information do not need to be verified. In order to implement a DFSP in the throes of an emergency, advance planning is crucial.

The Commonwealth of Virginia has submitted a plan to USDA outlining how the DFSP will operate in Virginia. This plan requests issuance of pre-loaded, pre-pinned EBT cards to be approved by USDA. In the event this type of EBT card is not feasible, issuance of cards would be handled through the existing EBT administrative terminal. The purpose of this Administrator's Planning Guide is to provide additional guidance for planning for the implementation of a DFSP on the local level.

Briefly, the DFSP includes a determination of eligibility and an issuance of benefits. There must be a separation of duties between the eligibility and issuance tasks.

The eligibility portion is accomplished by:

- Completing the application on-line with a newly developed web-based disaster application. This form is printed off and signed by the client and interviewer. The web-based application screens for matches with ADAPT, matches with the Virginia Department of Social Service Employee Database, and with the Disaster Database itself. The web-based application calculates the disaster benefit and produces the Internal Action Form for the eligibility staff to authorize and pass to issuance staff.
- If logistics are such that paper applications are used, the paper application is taken, signed by the client and interviewer, then data-entered into the web-based system for matching and benefit calculation.
- Either process must ensure that all applicants are interviewed, and applications are signed and dated by the applicant and the interviewer.

The issuance portion is accomplished by:

- Opening direct access to the EBT Administrative Terminal for issuance personnel to set up accounts and post benefits with vault cards, OR

- Should USDA approve their use, pre-loaded and pre-pinned EBT cards would be distributed to local agencies at the time of a disaster for issuance to clients. These cards would require secure storage.

Another alternative USDA has approved in disasters in other states over the past several months is the use of a modified regular Food Stamp Program. In this model, households apply for the regular program but are given a one-time deduction for disaster related expenses. This model has the advantage of using the existing interface between ADAPT and EBT. USDA has approved the modified program in areas where the disaster damage is not widespread, for example, in a portion of a county or particular neighborhoods in a city that flooded.

The Planning Process

Members of the community who will be partners in implementing the DFSP should be identified and included in the planning process. This group should include social service providers, providers of emergency food assistance, police departments and members of county and municipal governments who may be able to provide additional staff or other resources to assist you in administering the DFSP.

It is further recommended that local agencies coordinate within the region to set the same parameters for the DFSP. This effort will result in less confusion for the public and will allow for the use of one media spokesperson for the region. VDSS will convene regional meetings or conference calls after a disaster in order to facilitate this process.

Planning should cover the activities that are outlined in this Planning Guide. If you have suggestions or edits related to this or other guidance, please contact the Division of Benefit Programs through an electronic e-mail box at (benefit-programs-suggestion-box@apps.dss.state.va.us).

Decision to Implement a DFSP

The decision to implement a DFSP is usually made by key decision makers in a jurisdiction. A DFSP should be implemented only in those cases where it is not practical to operate the regular food stamp program. Factors that may lead one to make a determination that a DFSP is the appropriate option include:

- A large population of prospective applicants – If damage from the disaster is severe or widespread, affecting a large number of households not already participating in the program, then this volume of applicants may not be able to be served through the existing application and eligibility determination process. Damage could include damage to individual residences, or loss of income due to closing of employment locations.
- The disaster is such that many households would not have the verifications required by the regular Food Stamp Program, (e.g., houses were leveled in a tornado.)
- The affected population needs benefits more quickly than would be provided under the regular Food Stamp Program, and they have used available income and resources that could have been used for food on disaster related expenses. Loss of food alone is not justification to operate a DFSP.

- Availability of grocery stores – USDA will only approve the operation of a disaster food stamp program in the event that food retailers are open for business in the community. Additionally, the point of sale (POS) devices that enable an EBT/credit/debit card transaction must be operational.

In making the decision to operate the program, there should be designations for:

- The contact person and back up contact for the DFSP.
- A contact list including home and cell phone numbers of the key decision-makers including the Department Director, Board members, and other county officials.
- Assignment of personnel to gather information and prepare the application to VDSS.
- Identification of the information sources necessary to prepare an application.
- Identification of the employees to be given the EBT profiles to allow account set-up and benefit posting, if pre-loaded EBT cards are not approved.

When the community decides to operate a DFSP, the application form (Appendix III) should be completed and submitted to the Home Office via e-mail.

Operating the DFSP

Notifications

Operating the DFSP requires certain notifications including:

- How staff and other agencies involved will be notified
 - Develop a call tree with essential names and telephone numbers.
 - Develop an email distribution list of key contacts.
- How the public will be notified
 - Identify key information hubs including local newspapers, radio stations, television stations, government offices, and government web sites.
 - Identify a single spokesperson for the locality and consider designating one spokesperson for a group of localities.
 - Include social service agencies and other disaster relief agencies.
 - Consider developing posters in advance. Specifics of dates and hours of operation can be completed manually when needed.
 - Have a strategy for keeping the public informed throughout the disaster period.

Locations

In determining locations for the application sites, consideration should be given to these factors:

- Staff and applicant security, including during extended hours of operation.
- Availability of public transportation and parking.
- Accessibility to delivery vehicles for commodity distribution.
- Adequate space and facilities for human comfort concerns, such as:

- Arrange to protect people from the elements;
- Place water and food stations near areas of long waits;
- Arrange for bathroom facilities and supplies;
- Provide ample waiting areas.
- Adequate space to accommodate the anticipated number of applicants.
- Security of the facility for EBT cards and issuance activities.
- Accessibility to the elderly and disabled.
- Adequacy and accessibility of power sources and supplies.
- Availability of Internet access.
- Consideration of other county or city facilities.
- Consideration of social service agency offices.
- Consideration of use of trailers or tents for waiting areas.
- Consideration of entering into agreements with adjoining LDSS to handle each other's applicants.

Staffing

The local agency will want to decide:

- Staffing needs for implementation of the program.
- Sources of additional staff.
 - Consider training agency staff not ordinarily involved in the FSP to be prepared to take applications for the DFSP.
 - Arrange with other county or municipal departments to lend staff to assist.
 - Arrange with community agencies to lend staff.
 - Consider using volunteers.
 - Maintain a list of the names of staff that are willing to help in other jurisdictions if their own is not affected by the disaster, and submit to the Division of Benefit Programs, which will then act as a clearinghouse for matching staff with locations of need.
- How training will be provided for staff not trained by Home Office.
- What resources other agencies can provide.
- How the need for additional certification sites will be assessed, and what sites are available.

Equipping the Site

The local administrator should consider:

- How the need for equipment (including computers and a printer for each computer) and supplies will be determined.
- How needed equipment and supplies will be acquired and distributed (source, actual acquisition).
- Ensuring that supplies of applications, forms and vault cards are available.
- Making arrangements in advance of the disaster for the loan of equipment from other agencies or Home Office.

Crowd Management

In operating the DFSP, crowd management will be an important factor. These factors can assist with crowd control:

- Determine client flow.
- Estimate wait time from certain points and post signs to inform crowd.
- Consider separate lines for elderly or disabled applicants.
- Consider staggering applications by asking people to apply by birth date, Social Security Number, alphabetically, or some other method.
- Consider giving people in line information sheets indicating what items of information they need to apply so if they are not prepared they can get the information.
- Consider giving numbers or colored chips to bring back the next day to people who are in line when lines are cut off so they can be seen the next day without standing in line again.
- Arrange for equipment such as ropes, barriers and bullhorns as well as other staff to establish lines, block access to secure areas, and direct traffic flow.

Administrative Considerations

The local agency will be faced with other considerations. These include:

- How the need for extension of the DFSP will be assessed and request made, if warranted.
- How information necessary for daily reports will be gathered.
- How and by whom reports will be submitted.
- How program operation will be assessed.
- How adjustments to program operations will be made.
- How to handle employee applications; it is recommended that specific supervisory personnel be designated to take and process employee applications.

Reimbursement of Expenses

The local agency should keep detailed records of expenses that may be submitted for reimbursement. During the most recent disaster, the criteria for reimbursement were:

- The expenditure must be the result of the declared disaster.
- The expenditure must be a cost incurred for an activity for which the agency is directly responsible.
- The expenditure must have been incurred within the locality's jurisdiction.
- The expenditure must be a cost incurred in excess of what the insurance covers.

Applicable disaster-related expenditures include overtime costs, food for staff, staff travel to additional work sites, staff lodging and any special equipment purchases. All reported expenditures must include all backup documentation. Documentation may include, but is not limited to receipts, timesheets, copies of purchase orders and warrant registers.

City/County of
DEPARTMENT OF HUMAN SERVICES

APPLICATION FOR DISASTER FOOD STAMPS PROGRAM
(Date)

1. Type of Disaster and Date of On-set: *EX: Hurricane, September 18, 2003*
2. Description of the geographical area: *EX: The entire county was affected by the hurricane. EX: Only the southern part of the county was affected by the flood, primarily residences in zip code 22407.*
3. Status of Food Distribution: *(USDA requires commercial trade networks to be operational again before approving a disaster food stamp program.) EX: Retail food outlets were closed for two days and all major grocery stores are now in operation. Point-of-sale (POS) devices are operational.*
4. Needs Assessment Part A: *(Statement describing whether the normal Food Stamp Program can meet households' needs or whether the DFSP is needed.) EX: There are many citizens who have been unable to work due to the business closures from flooding. In addition, there was widespread property damage along the tributaries of the James River where flash floods wiped out the community around the courthouse.*
5. Needs Assessment Part B: *(Estimate the number of ongoing and new households involved in the disaster. Depending on the nature of the disaster, there may be other options available for consideration in the plan, such as automatic replacements for ongoing households.) EX: Our current participation is xxx number of households. We anticipate XXX new households needing disaster services.*
6. Application Processing Estimate: *(Indicate the time frame for taking applications for the DFSP, including the beginning date.) EX: If approval is received by October 9, 2004, we will initiate operations on October 10 and take applications for five calendar days. Benefits will be issued no later than three days following the date of application.*
7. Length of Duration of the Program: *(Indicate the disaster period requested, i.e., either a full or half month of benefits. Depending on the nature of the disaster, USDA may advise the state of the parameters.) EX: A full month benefit period is requested because of the severity of the flooding and the fact that affected households lost all food in addition to lost income and disaster-related expenses.*

8. Disaster Relief Agencies: *(Indicate which other agencies will participate in taking and processing applications or issuing benefits, and specify the functions they will perform.) EX: We do not anticipate using a Disaster Relief Agency to certify or issue benefits.*
9. Public Information: *(Identify the newspapers, radio stations, television stations, and key media outlets or government web sites the local agency will use.) EX: We will contact the Independent News Courier and WPDK radio to disseminate information about the program, the criteria, and hours of operation. We will post the information on the City's web page, and direct community partners to the city and state web sites.*
10. Procedures for Processing and Accepting Applications: *(Explain where applications will be taken, including crowd management at sites and fraud prevention measures.) EX: Applications will be taken for 7 days, October 7 through October 13, from 9 a.m. to 7 p.m. at the City Human Resources Center. Designated senior management will take and process any employee applications. All applications will be screened for duplicate participation. The Sheriff's Department is on call to assist with security of the facility.*
11. Procedures for Issuing Benefits: *(Explain benefit issuance procedures.) EX: Applicants will be screened to prevent duplicate participation. Benefits to eligible households will be issued on a vault card by staff authorized to set up accounts in the EBT system and post benefits.*
12. Number of Eligibility Workers:
(Number of eligibility workers available to process food stamp applications)
13. Any additional information that you believe may be helpful in processing your application. *(Provide detailed, specific information on conditions in your county/city, such as duration of power outages, shut down of key employers, lack of other resources to meet needs.)*
14. Name, title, and telephone number of requesting official:
15. Date of request:

Electronic Benefit Transfer (EBT) Disaster Issuance Process

INTRODUCTION

The Disaster Food Stamp Program (DFSP) is outside of ADAPT, and therefore, there is not an automatic link to EBT. Benefits must be posted directly into the EBT system.

The EBT contractor, J.P. Morgan EFS, has provided two new profiles which will allow workers to set up accounts for new DFSP cases, issue vault cards, and post benefits directly into the EBT system.

Workers will need one of two special profiles designed for disaster benefit issuance. The two profiles are:

- Profile 15 (MNVADIW), for the issuance worker, allows access to screens necessary to establish a new DFSP case and attach and issue a vault card to that case.
- Profile 14 (MNVADFW), for the fiscal worker, allows access to screens necessary to post benefits to that case.

The form to request a profile is “Commonwealth of Virginia – J.P. Morgan Virginia EBT Disaster System”.

An individual worker may have only one profile. The same worker cannot perform more than one function on a case. The eligibility worker (determines entitlement), issuance worker (creates accounts and issues cards), and fiscal worker (posts benefits) must be different individuals. A separation of duties must be maintained during the issuance process.

Workers entering information into the EBT Administrative Terminal System should be **EXTREMELY CAREFUL** in making sure that the information entered is correct. Workers **must not transmit** off of any screen **without first checking all information**.

INFORMATION ENTERED INCORRECTLY INTO THE SYSTEM WILL PREVENT THE CLIENT FROM ACCESSING BENEFITS.

The information entered affects the client’s ability to:

- Activate the EBT card
- Select a PIN number
- Obtain information from a J.P. Morgan Customer Service Worker
- Use the Food Stamp benefits

The process is as follows:

- Step 1 Upon receipt of the case file (application, Internal Action Form, and Notice of Action), complete the EBT Account Set-Up Screen (RCASTP).
- Step 2 Link the EBT vault card to the account.
- Step 3 Complete the Account Benefit Add Screen (ROIABA).
- Step 4 Review EBT card activation and PIN selection processes with the recipient.

NEW PROFILE DESCRIPTIONS

<p><u>Disaster Issuance Worker (Profile 15)</u></p>	<p>Receive the case file (application, Internal Action Form, and Notice of Action) from eligibility staff.</p> <p>Complete the EBT Account Set-Up Screen (RCASTP). <i>Information entered incorrectly will prevent clients from accessing their benefits. You CANNOT edit information once it has been entered into the system.</i></p> <p>Link/ attach the EBT vault card. Use the Set-Up/ Replacement Screen (RVAULT).</p> <p>Write the vault card number on the Internal Action Form. Initial and date the Internal Action Form next to the card number.</p> <p>Complete the Vault EBT Card Issuance Log.</p> <p>Pass the application, Internal Action Form, Notice of Action, and vault card to the Benefit Add Station (EBT Profile 14).</p>
<p><u>Disaster Fiscal Worker (Profile 14)</u></p> <p>Benefit Add Station</p>	<p>Complete the Account Benefit Add Screen (ROIABA) to add benefits to the case (no batch processing; benefit is immediate). <i>Information entered incorrectly will prevent clients from accessing their benefits. You CANNOT edit information once it has been entered into the system.</i></p> <p>Write the amount of the benefits added to the account on the Internal Action Form. Initial and date the Internal Action Form next to the amount of benefits.</p> <p>Issue the card to the client and have the client sign the Internal Action Form. Sign the bottom of the Internal Action Form.</p> <p>Instruct the client regarding card activation and PIN selection processes. This can be done by someone not attached to Profile 14.</p>

LOG ON PROCESS

The following security information is needed to Log on to the EBT system:

- GROUP—Group names are assigned by J.P. Morgan EFS (VAEBTDIS)
- NAME—User Id is the assigned logon Id (small letters only)
- PASSWORD—Initial password will be communicated to the worker by DIS Security upon assignment of the disaster profile. The assigned password must be changed during the initial logon process. Passwords are upper- or lowercase sensitive.

PASSWORD GUIDELINES

- Passwords must be six to eight characters long. They can contain letters and numbers; however, punctuation marks (e.g., ?, %, @, etc.) are not allowed.
- Passwords are case sensitive. Blueridge, BlueRidge, BLUERIDGE, and blueridge are all different passwords.
- Strong passwords are recommended. Strong passwords consist of a combination of upper case letters, lower case letters, and numeric values.
- Choose a password that is easy to remember but difficult to guess. Avoid using your name, birth date, or social security number.
- Never make your password the same as your User Id.

LOG ON SCREEN

Win6530 - [terminal1 : 165.176.6.102 - Default]

File Edit View Capture Options Window Help

SF1 SF2 SF3 SF4 SF5 SF6 SF7 SF8 SF9 SF10 SF11 SF12 SF13 SF14 SF15 SF16
F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12 F13 F14 F15 F16

09/20/04 JPMorgan EFS Systems 14:22
Logon Screen \CEFSW \$BOSS

Group Name
Password

You are authorized to use this System for approved business purposes only.
Use for any other purpose is prohibited. All Transactional records, reports,
e-mail, software, and other data generated by or residing upon this System are
the property of the Company and may be used by the Company for any purpose.
Authorized and unauthorized activities may be monitored.

F1 to Logon, F2 to Change Password, SF16 to Exit 032-Z5UA-C41
BOSS 6.2 Copyright (1990-2001) Cross-El Software

terminal1 : 1...

Ready Line 5 Col 30 14:23:14

FUNCTION KEY ASSIGNMENTS:

- | | |
|----|---|
| F1 | Logon |
| F2 | Change password. Use only when you are changing a password prior to expiration. Do not use during initial logon password change. |

INITIAL LOG ON

STEPS:

1. When the EBT **LOGON** screen appears, enter your EBT GROUP (e.g., VAEBTDIS and the number assigned by J.P. Morgan EFS) in the **Group** field.
2. Press the **Tab** key.
3. Enter your User Id in the Name field.
4. Press the **Tab** key.

5. Enter your assigned PASSWORD in the Password field. Remember that the password is case sensitive.
6. Press the **F1** key. Do not press the F2 key.
7. Enter your new PASSWORD. During the initial logon, the system will prompt you to choose your own secure password (six to eight characters in length). We suggest you use a strong password. Strong passwords consist of a combination of upper case letters, lower case letters, and numeric values.
8. Press the **F1** key. Do not press the F2 key.
9. Re-enter your PASSWORD (re-type the same password you have just chosen) a second time to confirm it.
10. Press the **F1** key to log on. If your new password is accepted, the message "Your password has been changed" will appear at the bottom left of the screen. You will receive your Profile Menu Screen. If an error occurs, an error message will appear in the lower left corner of your screen.
11. If you are locked out or suspended, you will need to contact the DIS Customer Care Center at 800-223-8846. Choose option 1.

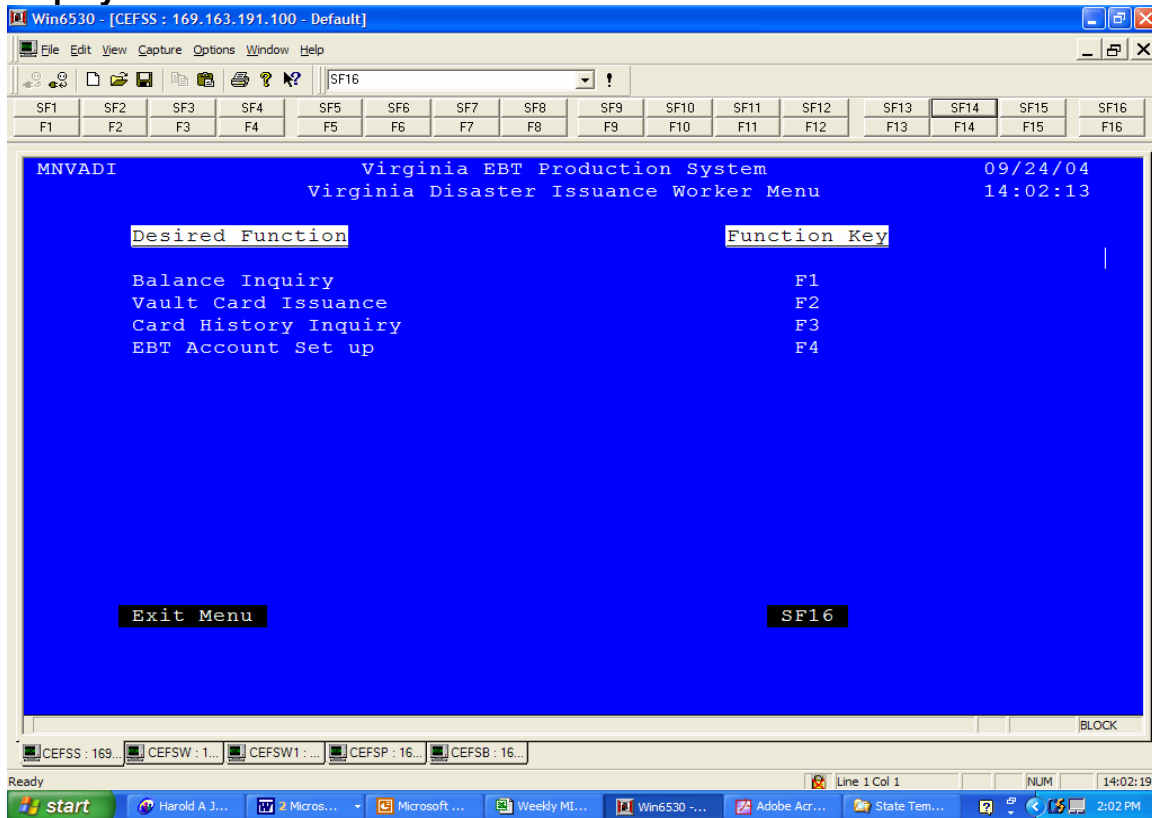
ONGOING LOG ON

STEPS:

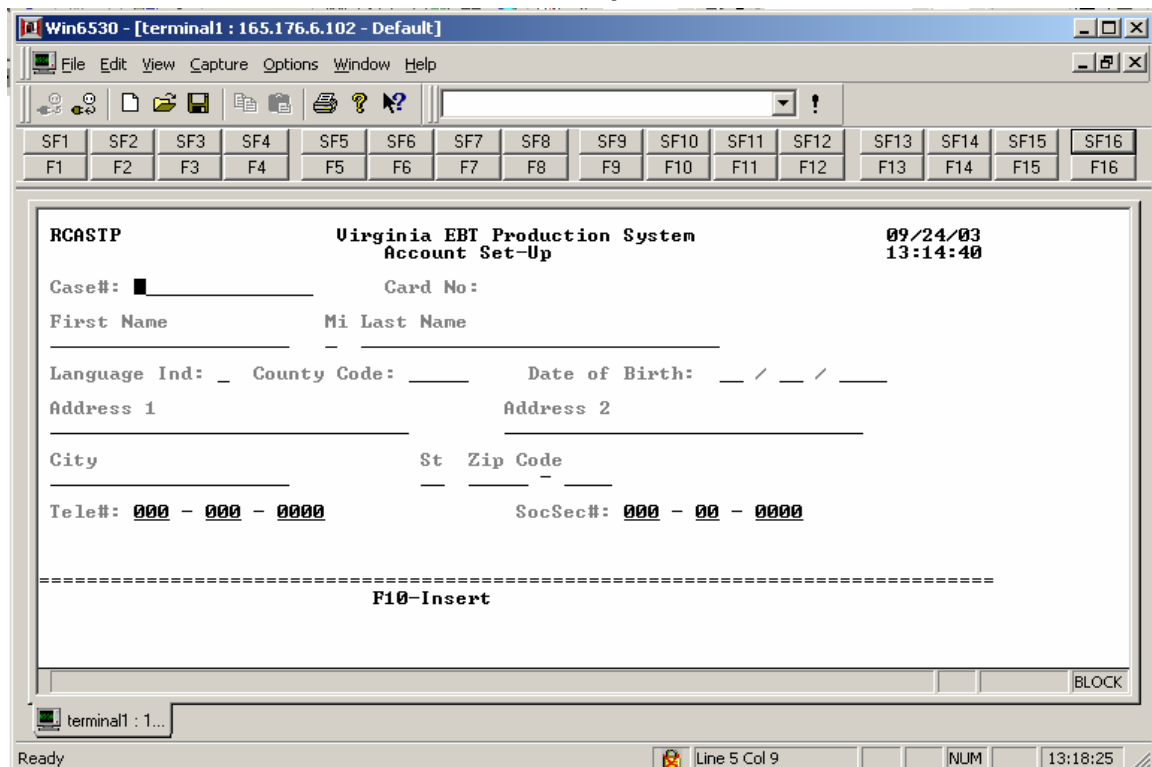
1. When the EBT **LOGON** screen appears, enter your EBT GROUP in the **Group** field.
2. Press the **Tab** key.
3. Enter your User Id in the Name field.
4. Press the **Tab** key.
5. Enter your PASSWORD in the Password field. Remember that the password is case sensitive.
6. Press the **F1** key to log on.
7. You will receive your Profile Menu Screen. Select the Function key for the action you wish to take.

ACCOUNT SET-UP PROCESS - PROFILE 15

Log on to the EBT system. The “Virginia Disaster Issuance Worker Menu” will display.



Select F4 to choose EBT Account Set-Up.



FUNCTION KEY ASSIGNMENTS:

F10	Set up the account
F16	Exit the screen

STEPS:

To set up the account, the Issuance Worker will follow these steps:

1. Receive the application, Internal Action Form for the DFSP (IAF), and the Notice of Action for the DFSP from the Certification Worker.
2. Pull and record a vault card on the Vault EBT Card Issuance Log.
3. Complete the **Account Set-Up Screen**.
4. Enter the Disaster Case Number in the Case # field.
5. The Card No. field will be populated by system. This is a pseudo-number. Leave the number there.
6. Enter the client's first name, middle initial, and last name.
7. Enter an 'E' in the "Language Ind" field.
8. Enter the agency's FIPS in the "County Code" field.
9. Enter the client's date of birth. **DOUBLE-CHECK THE ENTRY.**
10. Enter the client's address. Use "Address 2" for apartment numbers.
11. Enter the City, State, and Zip Code.
12. Telephone number is not required.
13. Enter the client's Social Security Number. **DOUBLE-CHECK THE ENTRY.**
14. Review all data entries. If correct, press F10 for Account Set-Up.
15. Print the screen, if possible.
16. Press F16 to exit.
17. From the **Virginia Disaster Issuance Worker Menu**, press F2, **Vault Card Issuance**. The **Vault Card Set-Up/ Replacement** Screen (RVAULT) will display.

Win6530 - [terminal1 : 163.39.201.40]

File Edit View Capture Options Window Help

SF1 SF2 SF3 SF4 SF5 SF6 SF7 SF8 SF9 SF10 SF11 SF12 SF13 SF14 SF15 SF16
F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12 F13 F14 F15 F16

RUAULT Virginia EBT Test System 08/03/01
Vault Card Setup/Replacement 15:43:46

Card Number: 622044 Card Number: 622044
CASE#: CASE#:
Program Type#: 01
Primary/Alternate Indicator: 01
First Name: Mi Last Name: DOB: 00 - 00 - 0000
Waive Fee: N

=====

Ready for input ... F10 Account Setup F14 Card Replacement

- (a) Enter the client's PAN in the Card Number field. Tab over to the next Card Number Field and re-enter the PAN.
- (b) Enter the Disaster Case Number in the Case # field. Tab over to the next Case # Field, and re-enter the Disaster Case Number. The second entry will appear as stars.
- (c) Enter the Program Type (always 01).
- (d) Enter the client's status (always 01) in the Primary/ Alternate Indicator field.
- (e) Enter the client's birth date in the "DOB" (Date of Birth) field. Enter the client's first name, middle initial, and last name (**case sensitive and must be caps**).
- (f) **ENTER "Y" TO WAIVE THE FEE, AS THE FIELD DEFAULT IS "N" (CASE SENSITIVE, MUST BE CAPS). THIS IS CRITICAL.**
- (g) Press F14 Card Replacement (even though this is an initial card issuance).

18. Enter the vault card number in the issuance section of the IAF and initial.

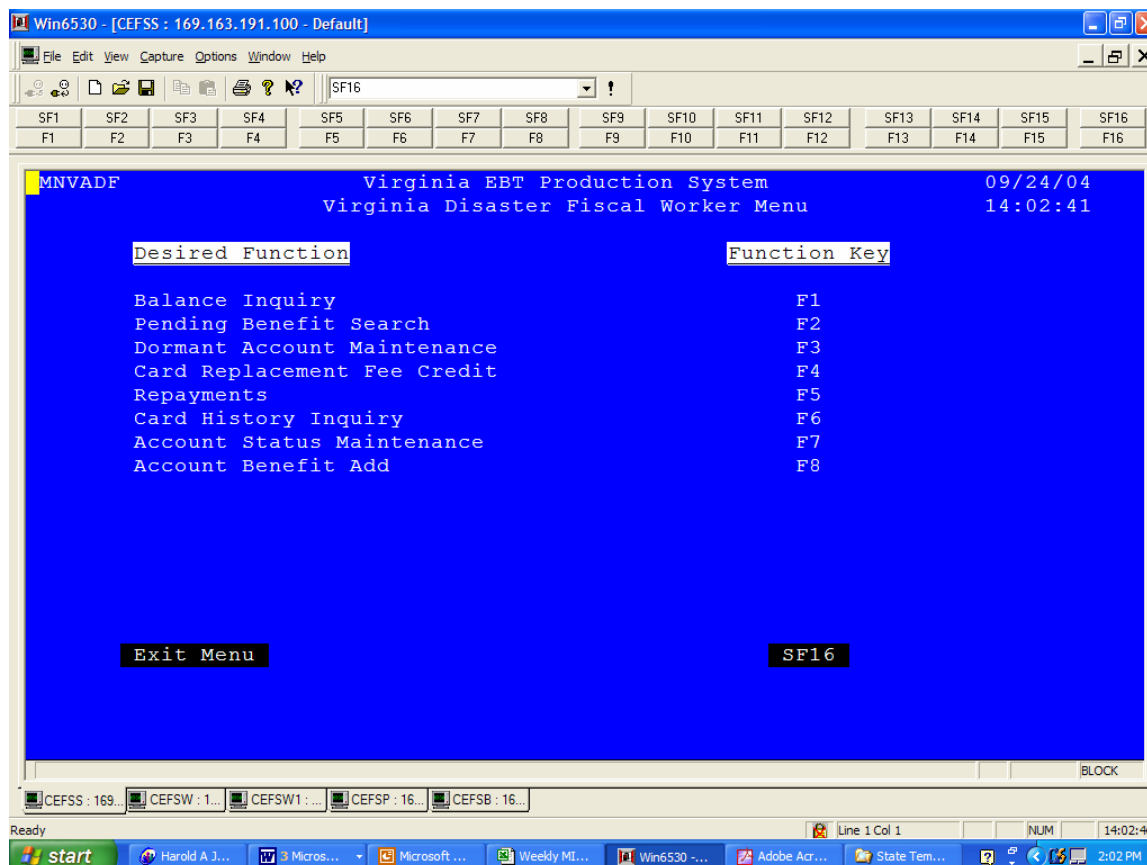
19. Press F16 to exit the screen.

20. Give the case file to the Fiscal Worker who will add the benefits to the account.

BENEFIT ADD PROCESS – PROFILE 14

The Fiscal Worker will receive the case file from the Issuance Worker. The Fiscal Worker will add the benefit amount to the account and will give the card to the client. The Fiscal Worker will instruct the recipient to call the Automated Response Unit (ARU) to activate the card and select a PIN.

Log on to the EBT system. The Virginia Disaster Fiscal Worker Menu will display.



Select F8, Account Benefit Add.

The **Online Investigative Account Benefit Add Screen** will display.

FUNCTION KEY ASSIGNMENTS:

- | | |
|-----|----------------------------------|
| F9 | Add Request |
| F10 | Submit Benefit - Confirm Request |

STEPS:

The Fiscal Worker must follow the steps below to add the benefit:

Win6530 - [terminal1 : 165.176.6.102 - Default]

File Edit View Capture Options Window Help

SF1 SF2 SF3 SF4 SF5 SF6 SF7 SF8 SF9 SF10 SF11 SF12 SF13 SF14 SF15 SF16
F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12 F13 F14 F15 F16

ROIABA Virginia EBT Production System 09/24/03
Online Investigative Account Benefit Add Screen 13:07:38

Case Number: _____ Benefit Number: _____
Program Type: 00 Benefit Amount: .00 Benefit Type: _____
Name: _____

Card #: _____ EDA #: _____
Balance: 0.00
=====

F9-Add Request F10-Submit Benefit
Ready for input

terminal1 : 1... BLOCK

Ready Line 5 Col 15 NUM 13:11:27

- 1) Receive the case file from the Issuance Worker.
- 2) Complete the **Online Investigative Account Benefit Add Screen**.
 - (a) Enter the Case Number.
 - (b) In the Benefit Number Field, **enter the 2-digit household size, then the 7-digit case number, and then 5 zeros (example: 03910004300000)**. This field must be 14 digits.
 - (c) Enter the Program Type (always 01).
 - (d) Enter the Benefit Amount (**cannot exceed 2000.00**).
 - (e) Enter the Benefit Type (FSNPA). This field is case sensitive and must be caps.
 - (f) Review all data entries. If correct, press F9 to add the benefit request.
 - (g) Client's information will be returned for verification purposes with a message, "Are you sure?" Review the screen again, and if all information is confirmed, press F10 to submit the benefit amount.
- 3) Print the screen, if possible.
- 4) Enter the amount of benefits added on the IAF and initial.
- 5) Issue the card to the client. Review the card activation and PIN selection process with the client. The client must now call the ARU to activate the card and select a PIN.

TROUBLESHOOTING

If you receive an error message that you cannot resolve, call the Help Desk at 800-223-8846.

BROADCAST 2818

DATE: September 3, 2004

TO: Local Agency Staff, Regional and Local Agency EBT Coordinators

FROM: David Mitchell, Chief Financial Officer

SUBJECT: Disaster Food Stamp Program User Profiles

CONTACT: Amarish Jain at (804) 726-7345 or amarish.jain@dss.virginia.gov

This broadcast is to inform local agencies of preparations taking place to expedite enactment of a Disaster Food Stamp Program (DFSP) in the event of a declared emergency that results in FNS approval to operate such a program in any locality of the Commonwealth.

If such a plan is enacted, our EBT contractor, J.P. Morgan, will provide EBT Administrative Terminal screens to set up new disaster Food Stamp (FS) cases, issue vault cards, and issue benefits directly into their system. To gain access to this system, workers will need one of two special profiles designed for emergency benefit issuance. The two profiles are:

- Profile 15 (MNVADIW) is for the issuance worker and allows access to screens necessary to establish a new disaster FS case and attach and issue a vault card to that case.
- Profile 14 (MNVADFW) is for the fiscal worker and allows access to screens necessary to assign benefits to that case.

Attached is the profile request form. Please do not submit requests until your local agency director has requested FNS approval to operate a DFSP. All submitted requests should be addressed to Wanda Bridgeman, DIS Security at the Home Office.

As a reminder, ARU PIN selection is the only method for DSFP clients to select or change their PINs.

Additional information will be distributed through broadcasts at a later date.

SAMPLE FLYER**DISASTER FOOD STAMP PROGRAM
FOR VICTIMS OF HURRICANE _____**

The City of _____ is authorized to implement the Disaster Food Stamp Program to assist the victims of Hurricane _____. Hurricane victims may be eligible for a one-time only Food Stamp issuance.

Where to Apply: Hurricane victims may apply for Disaster Food Stamps at:

The office will take applications Monday - Friday from ____ am to ____ pm.

Who May Apply: A responsible adult household member may apply for the family.

Time Limits: Applications may be submitted from _____ through _____.

Who's Eligible: The household must have lived in the City of _____ during Hurricane _____. The household must also have suffered a loss of income or damage to home property or self-employment business.

To determine the household's income, the net income (take-home pay) from wages or self-employment, assistance payments and other unearned income, such as Social Security or child support, that a household receives will be added to cash on hand and other accessible funds (such as money in checking and savings accounts). Disaster-caused expenses will be deducted from this income/funds. The balance will be compared to the following income limits:

Income Limits:

Number in Household	1	2	3	4	5	6	7	8
Income Limit								

Note: For households of 9 or more, add \$_____ for each additional household member to the limit.

Benefit Levels: Eligible households will receive a one-time, one-month allotment of Food Stamps.

Verification Needed: Individuals applying for Disaster Food Stamps need to bring documents to prove their identity and residence in the City of _____.

Sample Wording for a News Release

USDA TO ISSUE EMERGENCY FOOD STAMPS IN _____ COUNTY.

RICHMOND – The U.S. Department of Agriculture has approved the issuance of disaster food stamps for hurricane victims in _____ County.

County residents can begin applying for disaster food stamps on _____ at the _____ County Department of Social Services, _____, _____. The site will be open _____ from ____ am until ____ pm. County residents who are not usually eligible for food stamps may qualify temporarily if their home property or self-employment business was damaged or destroyed or if they have lost income as a result of the hurricane. Eligibility is based on available income and resources less disaster-caused expenses. For a family of four with an income of _____ or less, the food stamp allotment would be \$____.

Those applying for help need to bring identification, which could be a driver's license, school or work ID, birth certificate or other identification. Also, proof of residency, such as utility bills or tax statements, should be brought.

County residents who are already receiving food stamps will need to call the _____ Department of Social Services at _____.

State and Federal officials are committed to providing benefits to all eligible households. Fraud staff may be on-site to make sure only eligible households receive food stamp benefits.

ATTENTION FOOD STAMP APPLICANTS

BE SURE TO TELL THE TRUTH WHEN YOU APPLY FOR FOOD STAMPS!

- People who give false or misleading information or withhold information to receive benefits may be prosecuted or referred for an Administrative Disqualification Hearing.
- People who break the food stamp rules may be disqualified from the program, fined and/or imprisoned.
- People who get benefits they are not entitled to may be required to pay them back.
- We will check to see if you have received disaster food stamps more than once. The information you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if the information you provide is accurate.

**DO NOT SELL, TRADE, OR GIVE AWAY YOUR
CARDINAL CARD!**